



LOUISVILLE METRO REVENUE COMMISSION

FORM
OL-3D

QUARTERLY NET PROFIT DEPOSIT FORM

☐ CHECK IF CHANGE IN ADDRESS IS BELOW

Name _____
Address _____
City _____ State _____ Zip _____
SSN/FEIN _____ Phone _____ Contact Person _____

ACCOUNT NO

TAX YEAR ENDING

DEPOSIT AMOUNT \$

CHECK APPLICABLE QUARTER DEPOSIT IS FOR

☐ 1ST QUARTER ☐ 2ND QUARTER ☐ 3RD QUARTER ☐ 4TH QUARTER

PREPARER'S NAME

PREPARER'S PHONE NUMBER

WORKSHEET FOR CALCULATING ESTIMATED TAX LIABILITY

(Do not detach or complete this worksheet if the current net profit liability will be \$5,000.00 or less.)

1. Adjusted net profit expected in the current tax year (1) _____
2. Receipt factor -- Louisville Metro Receipts divided by Total Receipts Everywhere (2) _____
3. Wage factor -- Louisville Metro Wages divided by Total Wages Everywhere (3) _____
4. Apportionment factor -- (Line 2 + Line 3) divided by 2 (4) _____
5. Multiply Line 1 by Line 4 (5) _____
6. Multiply Line 5 by .0220 = (Your estimated current tax liability) (6) _____
7. Multiply Line 6 by 90% (7) _____
8. 100% of prior whole year net profit liability (8) _____
9. If your net profit liability for any of the three (3) preceding full taxable years exceeded \$20,000, enter 100% of average net profit liability for the past three (3) whole tax years. (9) _____
10. Enter the lesser of Lines 7, 8, or 9 (10) _____
11. Divide Line 10 by 4 (This is the amount due each deposit.) (11) _____

DISCLAIMER: Please be advised that the above Worksheet for Calculating Estimated Tax Liability is a guideline to assist in the calculation of quarterly deposits. If any of the above calculations are underestimated, license fees will be underpaid and late payment interest of 1% per month will be assessed against any license fee balance unpaid by the due date.

MAILING ADDRESS: P.O. BOX 37740 • LOUISVILLE, KENTUCKY 40233-7740

Telephone: (502) 574-4860 • www.metrorevenue.org • Fax: (502) 574-4818 • taxhelp@metrorevenue.org • TDD: (502) 574-4811

INSTRUCTIONS

- Enter the legal name and mailing address of the licensee.
- Enter the licensee's federal identification number and telephone number.
- Enter the name and phone number of the preparer, or the person to be contacted if additional information is required.
- Enter the licensee's Louisville Metro Revenue Commission account number.
- Enter the licensee's fiscal year end.
- Check the box indicating the quarter for which the deposit is to be credited.
- Calculate the amount of the quarterly deposit using the "**Worksheet for Calculating Estimated Tax Liability**" and enter the amount of the deposit in the appropriate box.

Every business whose net profit liability is more than \$5,000.00 for any fiscal year must submit quarterly deposits of the estimated net profit liability per the schedule below to the Louisville Metro Revenue Commission. The deposits which must be made on a quarterly basis will be based on the final tax obligation for the year. The quarterly payments must be made in four (4) equal installments and should be based on the tax which will be owed for the year.

Individual business entities (i.e. sole proprietors) are not required to make quarterly deposits.

SCHEDULE FOR QUARTERLY NET PROFIT LICENSE FEE PAYMENTS

<u>FISCAL YEARS</u>	<u>1ST DEPOSIT DUE</u>	<u>2ND DEPOSIT DUE</u>	<u>3RD DEPOSIT DUE</u>	<u>4TH DEPOSIT DUE</u>
<u>ENDING</u>				
Dec. 31	Apr. 15	June 15	Sept. 15	Dec. 15
Jan. 31	May 15	July 15	Oct. 15	Jan. 15
Feb. 28	June 15	Aug. 15	Nov. 15	Feb. 15
Mar. 31	July 15	Sept. 15	Dec. 15	Mar. 15
Apr. 30	Aug. 15	Oct. 15	Jan. 15	Apr. 15
May 31	Sept. 15	Nov. 15	Feb. 15	May 15
June 30	Oct. 15	Dec. 15	Mar. 15	June 15
July 31	Nov. 15	Jan. 15	Apr. 15	July 15
Aug. 31	Dec. 15	Feb. 15	May 15	Aug. 15
Sept. 30	Jan. 15	Mar. 15	June 15	Sept. 15
Oct. 31	Feb. 15	Apr. 15	July 15	Oct. 15
Nov. 30	Mar. 15	May 15	Aug. 15	Nov. 15

**** NOTE: The above dates do not always coincide with the federal deposit dates. ****